

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 509408	RECEIPT DATE:	03 / 27 / 00
IA NUMBER:	PCT/ DE98 / 02803	IA FILING DATE:	09 / 21 / 98
FAMILY NAME:	MALER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	KLAUS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 26 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P00,0450	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: HILL & SIMPSON

STREET: 85TH FLOOR SEARS TOWER

CITY: CHICAGO

STATE/COUNTRY: IL ZIP: 60606

EMAIL:

APPLICATION TITLES:

"COMMUNICATION TERMINAL EQUIPMENT FOR WIRELESS COMMUNICATION WITH TRANSMISSION/RECEPTION BASE STATIONS OF DIFFERENT COMMUNICATION SYSTEMS"

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3860

SERIAL NUMBER 09/509,408	FILING DATE 03/27/2000 RULE	CLASS 455	GROUP ART UNIT 2685	ATTORNEY DOCKET NO. POO,0450
APPLICANTS KLAUS MALER, MUNCHEN, GERMANY; <i>NM</i>				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/DE98/02803 09/21/1998 <i>NM</i>				
** FOREIGN APPLICATIONS ***** GERMANY 197 42 580.1 09/26/1997 <i>NM</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/22/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 1
				INDEPENDENT CLAIMS 1
ADDRESS 26574				
TITLE COMMUNICATION TERMINAL FOR WIRELESS COMMUNICATION WITH TRANSMITTING/RECEIVING STATIONS IN VARIOUS COMMUNICATION SYSTEMS				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	